

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006



This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 File Number U - <u>10875</u>                                                                                                                                                                                                               | 2 Fiscal Year Covered From<br><u>01</u> / <u>01</u> / 2004 Through <u>12</u> / <u>31</u> / 2004                                                                                                                                                                                                                                  |
| 3 Name and address of person filing<br>Name <u>Johnny</u> <u>D</u> <u>Southwell</u><br>P O Box, Bldg, Room No, if any<br>Street <u>4090 N. W. 36th Street</u><br>City <u>Oklahoma City</u><br>State <u>OK</u> ZIP Code + 4 <u>73112-2990</u> | 4 Name, file number, and address of labor organization<br>Name <u>IBEW L. U. 1141</u><br>Labor Organization File Number <u>017492</u><br>P O Box, Building and Room Number, if any <u>P. O. Box 95789</u><br>Street <u>1700 S. E. 15th Street</u><br>City <u>Oklahoma City</u><br>State <u>OK</u> ZIP Code + 4 <u>73129-6018</u> |
| 5 Position in labor organization <u>Assistant Business Manager</u>                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|                                                                                                                                                                                                                                        |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent |                                                              |
| 6 Name and address of Employer (including trade name, if any)<br>Name<br>Trade Name, if any<br>P O Box, Bldg, Room No, if any<br>Street<br>City<br>State ZIP Code + 4                                                                  | 7 a Nature of Interest, Transaction, or Income<br>7 b Amount |

Signature

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions) |                                                                  |
| Signed <u>Johnny Southwell</u>                                                                                                                                                                                                                                                                                                                                                                                                          | On <u>8-15-2005</u> <u>405-946-6862</u><br>Date Telephone Number |

|                                                  |                |
|--------------------------------------------------|----------------|
| Name of Person Filing <b>Johnny D. Southwell</b> | File Number U- |
|--------------------------------------------------|----------------|

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

|                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |        |                 |       |                   |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------|-----------------|-------|-------------------|-------|
| <b>8 Name and address of Business (including trade name, if any)</b><br>Name <u>Western Oklahoma Electrical JATC</u><br>Trade Name, if any _____<br>P O Box, Bldg, Room No, if any <u>P. O. Box 60188</u><br>Street <u>208 N. Klein</u><br>City <u>Oklahoma City</u><br>State <u>OK</u> ZIP Code + 4 <u>73106-7632</u> | <b>9 Business deals with</b><br><input type="checkbox"/> a Labor Organization<br><input checked="" type="checkbox"/> b Trust<br><input type="checkbox"/> c Employer                                                                                                                                                                                                                                                                                                                                                  |                |        |                 |       |                   |       |
| <b>10 If 9 b or 9 c is checked give trust or employer's name</b><br>Name <u>Western Oklahoma Electrical JATC</u><br>Trade Name, if any _____<br>P O Box, Bldg, Room No, if any <u>P. O. Box 60188</u><br>Street <u>208 N. Klein</u><br>City <u>Oklahoma City</u><br>State <u>OK</u> ZIP Code + 4 <u>73106-7632</u>     | <b>11 a Nature of such dealing</b><br><div style="border: 1px solid black; padding: 10px; min-height: 80px;">           Travel Advance and Expenses         </div><br><b>11 b Approximate dollar value of such dealing</b> <span style="border: 1px solid black; padding: 2px 20px;">-0-</span>                                                                                                                                                                                                                      |                |        |                 |       |                   |       |
|                                                                                                                                                                                                                                                                                                                        | <b>12 a Nature of interest held or income received</b><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Travel Advance</td> <td style="text-align: right;">150.00</td> </tr> <tr> <td>Actual Expenses</td> <td style="text-align: right;">68.99</td> </tr> <tr> <td>Excess Reimbursed</td> <td style="text-align: right; border-top: 1px solid black;">81.21</td> </tr> </table><br><b>12 b Amount</b> <span style="border: 1px solid black; padding: 2px 20px;">68.79</span> | Travel Advance | 150.00 | Actual Expenses | 68.99 | Excess Reimbursed | 81.21 |
| Travel Advance                                                                                                                                                                                                                                                                                                         | 150.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |        |                 |       |                   |       |
| Actual Expenses                                                                                                                                                                                                                                                                                                        | 68.99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |        |                 |       |                   |       |
| Excess Reimbursed                                                                                                                                                                                                                                                                                                      | 81.21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |        |                 |       |                   |       |

|                                                                                                                                                                                                                                                         |                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>                                                       |                                                                                                                                                          |
| <b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b><br>Name _____<br>Trade Name, if any _____<br>P O Box, Bldg, Room No, if any _____<br>Street _____<br>City _____<br>State _____ ZIP Code + 4 _____ | <b>14 a Nature of payment.</b><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>                                          |
| <b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?                                                                                                                                        | <b>14 b Amount of payment.</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> |